

NATIONAL Assessment Centre Services [wef: 1st Jan 2005]

Date In: 11/05/2018 15:40	Job description	Date & Time Completed	Done by
Ref No: NA/INC18008672/K4	SAS e-filing		
Veh No: SJY 7548R	E-mail (within 8hrs, AIC 2hrs)		
DOA: 11/05/2018 08:30	i-Motor Claim Form	MT/0994007-001	11/5/18 16:50
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SFK 4238 B. INC () / Non-INC () Tel: ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:-	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
NA1802997	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100), INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) iT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	11/05/2018 15:10
Date Of Accident	11/05/2018 08:30
Exact Location Of Accident	EAST POINT GREEN CONDO NEAR GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY7548R
Insured/Policyholder	
Name Of Registered Owner	MY CAR CONSULTANT PTE LTD
Co Reg No	201605878Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84829381
Alternative Phone No	OFFICE-84829381

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA CIVIC 1.8L 5AT
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084994520-01
Cover Note Number	

Driver

Name of Driver	EU KAI WEE
NRIC No	S9475955B
Date Of Birth	21/12/1994
Occupation	OUTDOOR
Date Of Driving Pass	18/06/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84829381
Fax Number	
Contact Number	OTHERS-84829381
Email Address	NOEMAIL

Address BLK 285 TAMPINES STREET 22
 #02-225
 Postcode 520285
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident
 Was any body injured in the Accident? YES
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2
 Passenger 1 NAME: : FIONA LIEW JIN YEE
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFK4238B
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name EU KAI WEE
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJY7548R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name FIONA LIEW JIN YEE
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJY7548R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Yew
Policyholder's Signature
Date & Time:

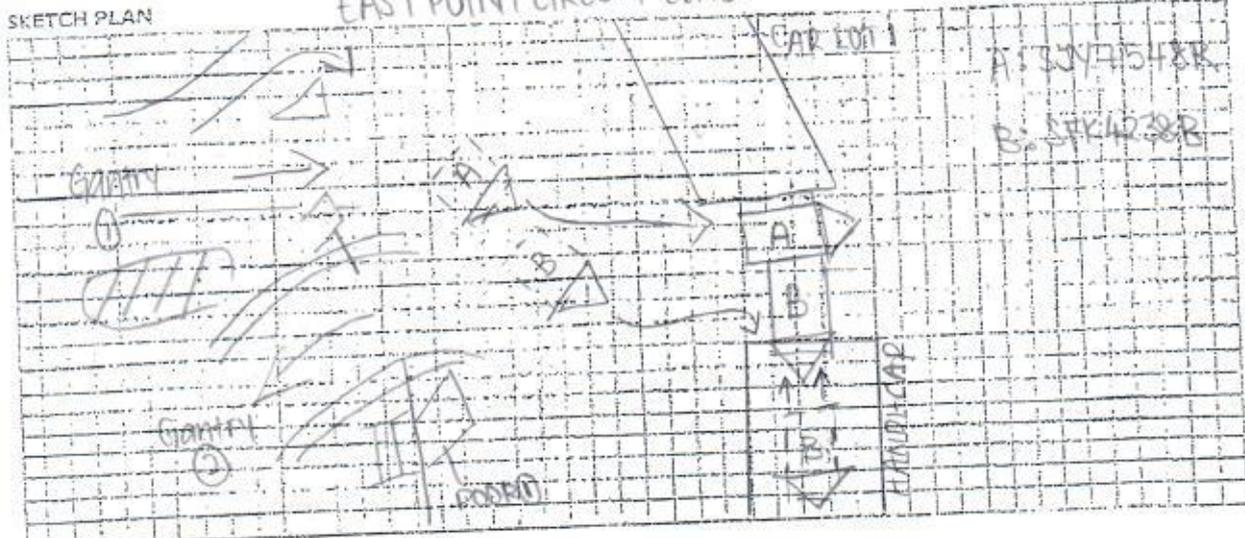
DP
Driver's Signature
(If driver is not the policyholder)
Date & Time:

11/5/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



SKETCH PLAN

EAST POINT GREEN CONDO



A: SJY7548R
 B: SFK4238B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/05/18 at 8:30am, I (SJY7548R) was driving straight from gantry in East Point Green Condo when vehicle B (SFK4238B) suddenly reversed from the handicap parking lot and banged onto my driver's seat door.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Jen
 Policyholder's Signature
 Date & Time:



PP
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

11/5/2018



VEHICLE NO:

MAKE & MODEL:

DATE OF ACCIDENT	11 / 05 / 2018
TIME OF ACCIDENT	8.30 (AM) / PM
LOCATION OF ACCIDENT	East Point Green Condo Near gantry
Vehicle Purpose use during accident	SJY 7548R
NAME OF OWNER	
PLP NO	
ERIC	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
PRIVATE HIRE	YES / NO ?
SURANCE CO.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft
POLICY NO.	
NAME OF DRIVER	As above / If No: <u>Eu Kai wee</u>
IC	Any passengers: 1
DATE OF BIRTH	21 / 12 / 1994 Fiona Liew Jin Yee
OCCUPATION	<u>Outdoor</u> / Indoor A32805304
DATE OF DRIVING PASS	18 / 06 / 2015
SEX	<u>Male</u> / Female
CONTACT NO.	84829381 Office: Home:
ADDRESS	
DO YOU EVER HAVE ANY OWN Vehicle	<u>NO</u> / If yes : Reg No:
RELATIONSHIP	<u>Employee</u> / If No:
WEATHER CONDITION	<u>Clear</u> / Raining / Other :
ROAD SURFACE	<u>Dry</u> / Wet / Other :
ANY INJURIES	No / If yes : Who? <u>Eu Kai wee (Driver) Fiona Liew (Passenger)</u>
CONTACT NO.	
INCIDENT REPORT	<u>No</u> / If yes : Where?
VEHICLE B NO.	<u>SFK 4238B</u> Any Passenger :
VEHICLE C NO.	Any Passenger :
VEHICLE D NO.	Any Passenger :
VEHICLE E NO.	Any Passenger :
VEHICLE F NO.	Any Passenger :
WITNESS	
BUSINESS CONTACT NO.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
VEHICULAR WORKSHOP	<u>Autowerke Automotive P/L</u>
ADDRESS	<u>8 KAKI BUKIT AVE 4 #05-01/02 PREMIER Bldg</u>
CONTACT PERSON	<u>Annabelle Lim 8112 6485 SINGAPORE 41</u>
PHONE NO.	<u>6282 4292</u>
EMAIL :	<u>Enquiry @ autowerke . com . sg</u>

9055901



NRIC No. S9475955B

Nationality
MALAYSIAN
Date of issue
27-08-2009

Address

APT BLK 285 TAMPINES STREET 22
#02-225
SINGAPORE 520285

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9475955B



Name

EU KAI WEE

杨 凯 伟

Race

CHINESE

Date of birth

21-12-1994

Sex

M

Country of birth

MALAYSIA

S9475955B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9475955B

Name:
EU KAI WEE

Birth Date: 21 Dec 1994
Issue Date: 18 Jun 2015



SG
50

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	EFFECTIVE DATE
Class 3	Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	18 Jun 2015



NP 428A

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5084994520-01

Cover : drivo CLASSIC

- | | |
|---|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : SJY7548R |
| Chassis Number | : JHMFD16309S201944 |
| 2. Name of Policyholder | : MY CAR CONSULTANT PTE LTD |
| 3. Effective Date of Insurance | : 07 Mar 2018 |
| 4. Expiry Date of Insurance | : 06 Mar 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (c) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TECK WEI CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

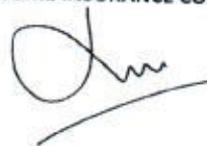
Agency : ANIKA INS BROKERS & CONSULTANTS P/L (00000690423)
Date of Issue : 16 Oct 2017 18:14 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Hello, NAC_PAYA_UBI_800601

[Change Language](#)
[Change Password](#)
[Log Out](#)
[My Desktop](#)[Notice of Loss](#)**Policy Query**

Policy No. Date of Accident:

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5084994520-01	MY CAR CONSULTANT PTE LTD	201605878Z	GFT	drive CLASSIC	SJY7548R	SJY7548R	07/03/2018	

▼ Policy Information

Policy No.	5084994520-01	Policyholder Name	MY CAR CONSULTANT PTE LTD	Policyholder NRIC	201605878Z
Address	53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	16/10/2017	Effective Date	13/10/2017 00:00	Expiry Date	12/10/2018 23:59
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	940.70		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		
Agent	ANIKA INS BROKERS & CONSUL	Agent Tel.	66729988	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

▼ Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL F	Address 3	SINGAPORE 408934
Address 4		Address Type	Singapore address	Post Code	408934
Unit No.	01-33	Related Policy Number	5100443502		

► Insured Object: SJY7548R

▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	24/10/2017 00:00	Basic Information Endorsement	000001286679529	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 9 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SJH3018U 13-10-2017 \$1,574.21 2. SJH6324R 13-10-2017 \$1,308.42 3. SJK781C 13-10-2017 \$1,655.29 4. SJM3248X 13-10-2017 \$1,560.70 5. SJP5789Y 13-10-2017 \$1,430.65 6. SJS3199Y 13-10-2017 \$1,430.65 7. SJX5276T 13-10-2017 \$1,430.65 8. SLC7773Z 13-10-2017 \$1,560.70 9. SLJ7537C 13-10-2017 \$1,560.70 In view of this amendment, an additional premium of \$13,511.97 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date</p>

Claim Handling

The premium on this policy has not been collected.

Accident MT/0994007

Policy No.	5084994520-01	Vehicle No.	SJY7548R	GST Registration No.	
Policyholder Name	MY CAR CONSULTANT PTE LTD			Policyholder NRIC	2011
Product Code	FLEET INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	84829381	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	11/05/2018 16:44	Accident Report Within 24 hrs	Yes	Accident Type	Side
Date of Accident	11/05/2018	Time of Accident hh:mm	08:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	EAST POINT GREEN CONDO NEAR GANTRY				

Benefits**Excess**

Own damage Excess	2,000.00	Additional Excess	0.00	Windscreen Excess	100.
Unnamed Driver Excess		Outside Singapore OD Excess	2,000.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	53 UBI AVENUE 1	Address 2	#01-33 PAYA UBI INDUSTRIAL F	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	408
Unit No.	01-33	Related Policy Number	5100443502		

OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	EU KAI WEE	Driver NRIC	S9475955B	Driver DOB	21/1
Register Date of Driver License	18/06/2015	Driver Age	23	Driving Experience	2
Contact No.(Mobile)	84829381	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 285	Address 2	TAMPINES STREET 22	Address 3	
Address 4		Address Type	Singapore address	Post Code	520
Unit No.	#02-225				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Modification HistoryClaim 001 OD-MX **New**

Claim Type *	OD-MX	Insured Name	MY CAR CONSULTANT PTE LTD	Insured NRIC	2011	
Contact No.(Mobile)	83687767	Contact No.(Home)		Contact No.(Office)	+	
Email Address		OI Vehicle Number	SJY7548R	TP Vehicle Number	SFK	
Claim Description	SJY7548R / SFK4238B ON 11 May 2018				Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Partially at Fault	GIA report	Rec	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	11/0	
Date Registered	11/05/2018 16:55	Claim Close Date		Total Loss but Repaired		
Report Taken By	KRISHNASAMY	Workshop Repairer				

 Print AK letter

Save Submit

Attachment

▼

<http://gicclaim.income.com.sg/gcs/icm/eclaim/claimantSave.do>

